



Bib Data Sheet


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APPLICANTS
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**** CONTINUING DATA *******
 THIS APPLICATION IS A CON OF 09/085,313 05/27/1998
 WHICH IS A CON OF 08/667,452 06/21/1996 PAT 5,848,986
 WHICH IS A CON OF 08/420,304 04/11/1995 PAT 5,531,677
 WHICH IS A CON OF 08/109,190 08/19/1993 PAT 5,409,453
 WHICH IS A CIP OF 07/929,638 08/12/1992 ABN
 WHICH IS A CIP OF 08/012,370 02/02/1993 PAT 5,370,675
 WHICH IS A CIP OF 08/062,364 05/13/1993 PAT 5,435,805
 WHICH IS A CIP OF 08/061,647 05/13/1993 PAT 5,421,819
 WHICH IS A CIP OF 08/061,072 05/14/1993 PAT 5,385,544
 WHICH IS A CIP OF 07/945,666 09/16/1992 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 06/24/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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TITLE
 Treatment Device Guidable Needle
 Steerable medical probe with stylets

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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